# Histopathology reporting proforma: radical resections of renal pelvis and/or ureter

Surname……………………… Forenames………………….… Date of birth…………….. Sex…....

Hospital………….……….…… Hospital no……………….……. NHS/CHI no……………..

Date of receipt………….……. Date of reporting………..…….. Report no………………...

Pathologist……….…………… Surgeon………………….…….

**RELEVANT CLINICAL INFORMATION**

**…………………………………………………………………………………………………………………..**

**NATURE OF SPECIMEN/PROCEDURE**

Right ureterectomy □ Left ureterectomy □

Right nephroureterectomy □ Left nephroureterectomy □

**MACROSCOPY**

**Tumour location**…………………………………………………………………...…………………………

**Number of tumours**…….

**Maximum tumour diameter** **(mm)**…… *or*  No obvious tumour visible macroscopically □

**Resection margins:** Not assessable □ Not involved □

Involved □ Site(s)…………………………………………………

**Lymph nodes:** Present □ Absent □

 Site of lymph nodes………………………………………..………………..

**Size of largest visible regional lymph node metastasis**……. *or* Not applicable □

**MICROSCOPY**

**Tumour type**

Urothelial carcinoma □ Squamous cell carcinoma □ Adenocarcinoma □

Mullerian type tumour □ Small cell neuroendocrine carcinoma □

Large cell neuroendocrine carcinoma □ Other (specify) ………………………….…………..

**Urothelial carcinoma subtype/variant (specify percentage if present)**

Not identified □

Squamous □ ……% Glandular □ ……% Micropapillary □ ……%

Nested □ ……% Plasmacytoid □ ……% Sarcomatoid □ ……%

Other (specify with percentages) □ …………………………………………………………………………………………………

**Tumour grade**

Not applicable □ Cannot be determined □

Urothelial carcinoma

 WHO 1973: Grade 1 □ Grade 2 □ Grade 3 □

 WHO 2004: Low grade □ High grade □

Squamous cell carcinoma or adenocarcinoma

 Well differentiated □ Moderately differentiated □ Poorly differentiated □

**Associated CIS:**

Yes (adjacent to tumour) □ Yes (elsewhere) □ No □ Not assessable □

**Lymphovascular invasion:**

Yes □ No □ Not assessable □

**Resection margins:**

Not assessable □ Not involved □ Involved □ Site(s) ...……..……………

**Regional lymph nodes:**

Not applicable □ Total number..…. Number +ve………….

Size of largest regional nodal metastasis………. *or* Not applicable □

Extracapsular spread: Yes □ No □ Not applicable □

**Other disease process(es) present/comments**

……………………………………….......................................................................................................

**pTNM classification:** pT…… pN…….. pM\*………

\*pM should either be pM1 or entered as not applicable (N/A)

**TNM edition number used:**……..

**SNOMED codes:**  T………………… M………………..

**Further comments:**

……………………………………….......................................................................................................

**Pathologist………………………............ Date……………………….**